



CITY OF SPRINGFIELD
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING & ZONING DIVISION

PROPERTY OWNER AFFIDAVIT (IF NECESSARY)

Address: _____
Parcel No.: _____
Acreage: _____

Agent Name: _____
Agent Tax Mailing Address: _____

Agent Phone Number: _____

Owner Name: _____
Owner Tax Mailing Address: _____

Owner Phone Number: _____

Requested Action
(to be conducted by
Agent, authorized by
owner): _____

I hereby certify that:

I am the property owner of record. I authorize the above listed agent to act on my behalf for the purposes of this application.

Property owner
signature: _____

Printed name: _____

Date: _____

State of Ohio
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__

by _____ (name of person acknowledged).

(seal)

Notary Public Signature

My commission expires: _____